

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
1	1	1	1	1	1	51		52		53	
2	1					54		55		56	
3	1					57		58		59	
4	1					60		61		62	
5	1					63		64		65	
6	1					66		67		68	
7	1					69		70		71	
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50											
TOTAL IND.	1										
TOTAL DEP.	6										
TOTAL CLAIMS	7										